Substitute for Form PTO BY								Analys a valid OMB control ambo		
Substitute for Form PTO-875 CLAIMS AS FILED - PART I								The Bon of Dockel Number		
		·		0 602	116.					
	(Column 1) (Column 2)				SM	ALL ENTITY	OR .	OTE	FR TUA	
BASIC FEE	R	MUMBER FILED .]		SMA	· OTHER THAI SMALL ENTITI	
(32 CFR 1.16(i	T			NUMBER EXTRA	RATE		. 7			
TOTAL CLAIL		<u> </u>			7	FEE		RATE	· f8	
[(37 CFR 1.16(c	a) . [<u>s</u>	_ OR		1-1-	
INDEPENDENT	CLAIMS	· · · · · · · · · · · · · · · · · · ·	Nus 20 .	<u>. </u>	11,25	1. T		-	13	
(37 CFR 1.16(b	11 .	mic	us 3 e .		x 5 100	-	OR	x 50.	.	
MULTIPLE DEF	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						OR	x , 200	 	
	_ +s 186	וב	1 .	2/00	 					
" " " une unieren			- OR	+360	1					
"If the difference in column 1 is less than zero, enter "O" in column 2. CLAIMS AS AMENDED - PART II					TOTAL	Ł	OR		1	
1 1	CLAIMS AS	AMEND	ED - PART	i	•			TOTAL	L	
سع إلا ا				•	•					
1	(Column 1		· (Column	2). (Column)			•	٠.	-	
< < a	CLAIMS		HIGHES		SMAL	LENTITY	OR .	OTHER	R THAN	
1 = 1 Pb/00	REMAININ AFTER	G	NUMBER	PRESENT	1 1	7	٠٠.	SMALL	ENTITY	
ا الله	AMENDME	NT	PREVIOUS PAID FOR	LY EXTRA	RATE	ADDI-	1 1	RATE		
CO COT CAR 1,54(c		Minu		·		TIONAL	1 1		ADD	
Z Independent			29		1 25.	T	┦ <i>┣</i>		FEI	
Total Usion Live	2	Minu	s 2	=			OR I	50.7		
FRST PRES	EMTATION	·	1		1 x s 100	1	1 - 1			
	ENTATION OF MULT	IPLE DEPE	DENT CLAIM (37	QFR 1.16(d))	+ \$ 180.	T	1 OR 1	<u>,200</u>		
							OR .	.312)		
12/28/01	<i>†</i>				TOTAL ADD'L FEE		1 -	OTAL		
10/0/01	(Column 1)		(Column 2			L	OR A	DOL FEE	ł	
ω .	CLAIMS	7	HIGHEST	(Column 3)	1					
51.	REMAINING AFTER	1	NUMBER	PRESENT	RATE		<u>, , , , , , , , , , , , , , , , , , , </u>			
<u> </u>	AMENDMENT	·	PREVIOUSLY PAID FOR	EXTRA	·~ie	· ADDI- TIONAL		RATE	ADDÍ	
Total O proper (.eq.) Independent (17 OFR (.eq.)	1 /3	Minus	70		-	FEE	. [.]		TIONAL	
U (77 CFR 1,160d)	1. 17	· Minus	$-\infty7$		x . 25.			-	FEE ·	
Z (NOW I WAR		- MILITA	" 3	= 0	× s 100.		OR X	50	- 1	
FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						OR X	200.		
•					+s180 _e		OR .	360	\	
					TOTAL ADO'L FEE			TAL TAL		
	(Column 1)			•	LOCK LEE		OR ADI	PLEE		
O	CLAIMS .	T :	(Column 2) HIGHEST	(Column 3)		•		٠ ــــ	-4	
,	REMAINING AFTER	1	NUMBER	PRESENT	T		٠.		<i>\</i>	
<u>شا</u>	AMENOMENT	l: .]	PREVIOUSLY	EXTRA	RATE	ADDI-		MTE		
Total press cases	1	Minus	PAID FOR	 	L	TIONAL FEE	1		ADDI: IONAL	
Z Indicandent	<u> </u>			-	×.25		<u> </u>		FEE	
Total D7 CFR 1.46(d) H040 CFR 1.46(d) C 400 CFR 1.46(d)	12.	Mirrus	*** .	-	x s 100.		OR X S	RO"	•	
E FIRST DOCCO	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1.16(d))							200	 	
PRESENT	+,180.			= 1						
					TOTAL	I.	OR +	16O.		
" If the entry in action is a second of the							TOTA			
OR ADDI SEE										
"If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter '20'. The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter '3'. Softential Number Previously Paid For Total or Independent in the bis.										
Coollege of the	PHILLIPPING PLANTED	aid for (olal or lockenesses	all is the tier	r J',			•	. 1	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is lo file (and by the uSPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.